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ABSTRACT

Nurses' attitudes toward the alcoholic can have a profound impact on the person suffering from alcoholism. These attitudes can affect the alcoholic's care and even whether the alcoholic chooses to recover. This study investigated attitudes of approximately 68 nurses employed in hospitals, 49 nurses in treatment facilities, 58 nursing students, and 27 instructors in schools of nursing. The independent variables were: level of nursing education achieved, type of nursing position held, formal alcoholism education, and alcoholism in the family. Dependent variables were psychological etiology, social rejection, physical genetic, humanitarian, moral weakness, and medical illness. Five composite null hypotheses were tested. The results appear to support the following generalizations: (1) participants working in alcoholism treatment facilities had a more accepting attitude toward alcoholics; (2) nurses who were Licensed Practical Nurses and Registered Nurses with baccalaureate degrees had a more humane attitude toward alcoholics; (3) those who received their nursing education during the interval 1975-1985 had a more humane attitude toward alcoholics; (4) college faculty were more likely to view alcoholism as a medical illness; and (5) nurses who reported no alcoholism in their families had a stronger belief in the genetic predisposition toward alcoholism. There were associations between attitude toward alcoholics and the type of position held, level of education, when the nursing education was received, and alcoholism in the family. (Author/LLL)

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NURSES' ATTITUDES TOWARDS ALCOHOLICS

being

A Thesis Presented to the Graduate Faculty

of the Fort Hays State University in

Partial Fulfillment of the Requirements for

the Degree of Master of Science

by

Rita D. Speer

B.S., Fort Hays State University

Date 4-25-91 Approved Bill L Daley
Major Professor

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The Graduate committee of Rita D. Speer hereby approves her thesis as meeting partial fulfillment of the requirements for the Degree of Master of Science.

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Abstract

The purpose of the researcher was to investigate attitudes of nurses toward alcoholics. The independent variables were: Level of nursing education achieved, type of nursing position held, formal alcoholism education, and alcoholism in the family. Dependent variables were psychological etiology, social rejection, physical genetic, humanitarian, moral weakness, and medical illness. Five composite null hypotheses were tested. Five main effects were found to be statistically significant at the .05 level. The results of the present study appear to support the following generalizations:

1. for the dependent variable social rejection, participants working in alcoholism treatment facilities had a more accepting attitude toward alcoholics,

2. for the dependent variable humanitarian, nurses who were Licensed Practical Nurses and Registered Nurses with baccalaureate degrees had a more humane attitude toward alcoholics,

3. for the dependent variable humanitarian, those nurses who received their nursing education during the interval 1975-1985 had a more humane attitude toward alcoholics,

4. for the dependent variable medical illness, college faculty were more likely to view alcoholism as a medical illness, and

5. for the dependent variable physical genetic, nurses who reported no alcoholism in their families had a stronger belief in the genetic predisposition toward alcoholism.

Introduction

Nurses' attitudes toward the alcoholic can have a profound impact on the person suffering from alcoholism. These attitudes can affect the alcoholic's care and even whether he/she chooses to recover (Yuker, 1965, in Ferneau and Morton, 1968).

What is alcoholism? Very simply, it is an addiction to alcohol. Jellinek, 1960, (cited in Gallant, 1987), offered this definition: " . . . any use of alcohol beverages that causes any damage to the individual or society or both" (p. 9).

Gallant offered another definition based on the pattern of impairment of functioning. A drinking problem exists if the use of alcohol continues even though there is interference in any <u>one</u> of the five following major areas of a person's life:

1. employment or a student's studies,
2. marital or family relationships,
3. interpersonal relationships,
4. legal problems, or
5. medical problems or medical complications.

Put more succinctly, alcoholism can be said to exist if there is a growing or continuing problem in any aspect of a persons's life.

Alcoholism is recognized as a disease, and at least in professional circles, this recognition has been present since the mid-fifties (Golder, 1956). Now, the American Medical Association (AMA), the World Health Organization, the American Psychiatric Association (APA), and the American Hospital Association officially recognize alcoholism as a disease (Mueller and Schwedtfeger, 1974).

Nurses are in a position to make early identification and perhaps referral of an alcoholic. They are at the bedside and can utilize assessment skills to determine the underlying cause of an admission to the hospital. They can elicit information from family members who may be ready to identify the problem. Or perhaps it is a family member who has been admitted and is finally willing to identify the previously unnamed disorder to someone with an empathic approach. Sometimes nurses will be approached with

questions by friends or neighbors who have alcoholism in the family, believing nurses have knowledge about the disease

Whatever the source of information, nurses can then provide the attending physician with this information and perhaps talk with the patient and/or the family about referral to treatment. Results of studies suggested that nurses have little educational background about alcoholism, do not identify alcoholism in patients, and continue to have negative attitudes about alcoholism.

Nursing students receive little information about alcoholism in their education. A study by Burkhalter (1975) revealed that a significant number of nurses who graduated between 1941 and 1971 received little or no education about alcoholism. Baccalaureate nursing programs had the highest percentage of graduates responding that they had limited education about alcoholism. Burkhalter found that most alcohol education was placed in the psychiatric affiliation.

Carter (1983) suggested that when schools of nursing were asked whether they provided content on alcohol in

their curricula, the overwhelming majority reported they had such content. The number of hours given to alcohol education varied from three to five. Again, this survey indicated that the area where the greatest amount of teaching pertaining to alcoholism was done was the psychiatric or mental health component.

A recent national survey discovered that most schools of nursing offer between one and five hours of instruction in alcohol education (Hoffman and Heineman, 1987). This did not vary significantly among the three types of educational preparation (baccalaureate, diploma, and associate degree). Most teaching was done in the psychiatric/mental health unit, and information was presented in a didactic manner with less emphasis on clinical skills.

No specific courses dealing only with alcoholism had been offered in schools of nursing prior to 1972 (Gurel, 1976). Then a National Institute on Alcohol Abuse and Alcoholism (NIAAA) grant made educational opportunities available in the study of alcoholism. At the University of Washington

School of Nursing, 12 to 18 students per quarter had the opportunity to take a course on the care of people with alcohol problems. Both undergraduate and graduate courses were developed. These were offered in addition to the students' regular program of study.

The courses were planned with the objectives that undergraduate students completing the program would see alcoholism as a disease, be able to diagnose alcohol problems, and provide effective nursing care to alcoholics and their families in all phases of the disease. Graduate students completing the program would be nurse specialists in alcoholism (Gurel, 1976).

The University of Pittsburg School of Nursing began offering an elective three credit hour course entitled nursing process and the addicted person. Its objectives were to increase knowledge about addiction and to increase skill in caring for addicted patients. In addition, students were expected to examine their own attitudes about alcohol, drugs, and tobacco (Jack, 1989).

Most nursing students have little exposure to information about alcoholism during their education; therefore, it is not surprising that most studies revealed nurses and nursing students had negative attitudes about alcoholism and alcoholics. Because attitudes can influence behavior in a powerful way, nurses' attitudes toward alcoholism are important.

Johnson (1965) did an early study on nurses' attitudes toward alcoholism. She interviewed 71 nurses from the Omaha, Nebraska area who were members of the American Nurses' Association. According to Johnson, 90% of the nurses surveyed reported alcoholism was a disease and there was a need to help alcoholic patients. Eighty percent saw themselves as tolerant and understanding of alcoholics. The other 20% questioned whether alcoholism was really a disease, and they were disgusted and unsympathetic with alcoholics. They saw their work with alcoholics as frustrating. All nurses interviewed wanted more education and experience in caring for alcoholic patients.

Ferneau (1967) studied the attitudes of 29 nursing students during their 12 week psychiatric affiliation and found that the students maintained the positive attitudes with which they began the affiliation. Negative or neutral attitudes grew more positive. This was one of the few studies which indicated a change toward a more positive attitude. The nature of the psychiatric affiliation was not reported.

In a study conducted by Ferneau and Morton (1968), 31 registered nurses and 74 nursing assistants in a large neuropsychiatric hospital were surveyed. The nurses had more of a tendency to see the alcoholic as weak-willed than the randomly selected, general population norm group. The nurses maintained that alcoholics can control their drinking. The authors found that nurses contended that alcoholism was an illness and not just a harmless voluntary indulgence.

Results of the study provided information to conclude that training and experience can be helpful in developing positive attitudes. Positive attitudes were related to beliefs that

their emotional or psychological difficulties were an important contributing factor in alcoholism, that alcoholics were unable to control their drinking, that periodic excessive drinkers could be alcoholics, and that alcohol was highly addicting. Positive attitudes can be developed through adequate in-service and additional experience working with alcoholic patients.

Chodorkoff's study (1969) looked at authoritarianism and its effect on nursing students' attitudes toward alcoholism. His subjects were 30 nursing students doing their psychiatric affiliation at the Detroit Psychiatric Institute. He found that the more authoritarian the nursing students were, the less favorable was their initial attitude toward alcoholism. Students brought general attitudes toward patients during a clinical psychiatric rotation and failed to change their attitudes significantly toward alcoholism and alcoholics during the rotation.

Moody (1971) used Chodorkoff's information for a follow-up study of 83 nursing students in a southeastern university

medical center. Moody indicated the higher the level of nurses' authoritarianism, the more custodial their attitudes toward the treatment of alcoholics. Instead of suggesting methods to change nurses' attitudes, Moody suggested recruiting nurses for treating alcoholics from middle class background with low authoritarian scores, for they might provide characteristics which would be most conducive to the treatment of alcoholics.

Schmid and Schmid (1973) found that nursing students had less accepting attitudes toward alcoholics than toward the physically disabled. The authors saw the possibility of improvement to be remote. Changes in nursing education were mentioned as a possibility, but their final suggestion was to screen nurses, utilizing an attitudinal survey as a tool, to select nurses who would work with alcoholics. Their subjects were the entire nursing class of 1972 in a hospital school of nursing in Buffalo, New York.

Alcoholism is a disease of denial, and many nurses get frustrated and angry. Dealing with an alcoholic client is

complex, and approaches which worked with other patients often are unsuccessful with the alcoholic (Heinemann, 1974). In the past, nurses avoided any reference to a patient's alcoholism. Most patients do not easily accept this diagnosis. Nurses can help alcoholics understand the disease, and in order to convey this information, nurses must truly believe it is a disease (Heinemann, 1974).

Heinemann (1974) suggested some qualities which make it easier to work with alcoholics. First, it is important for nurses to know themselves. They need to be able to convey respect and offer genuine hope to the alcoholic. Heinemann also suggested nurses need to become more active in prevention by identifying symptoms of alcoholism in its early stages. They also can provide information which may help remove the stigma from the diagnosis of alcoholism and encourage people to seek help.

According to Wallston, Wallston and DeVellis (1976), research showed nurses in general have negative and therefore countertherapeutic attitudes toward alcoholics.

They conducted a study to examine if nurses' reactions to a particular alcoholic patient corresponded with nurses' stereotypical views of alcoholics. Forty registered nurses who were staff nurses at a university hospital participated. Reactions toward a patient labeled as alcoholic on an audio tape and one not so labeled but with many indicators of alcoholism were compared. Both patients had other medical diagnoses.

The results supported the belief that stereotypes exert a powerful influence over nurses' impressions of alcoholic patients. The nurses responded to the patient labeled as alcoholic negatively. Despite the clues that the unlabeled patient was also addicted, the nurses did not identify his alcoholism nor treat him negatively.

Nurses' perceptions of patients determine the quality and quantity of care given. When nurses have a negative attitude about a given patient, this person may then develop a hostile or contratherapeutic stance, making successful care and treatment more difficult.

Wallston et al. found these negative attitudes were not changed significantly in conventional programs of nursing education. However, directed training plus working with alcoholics can reduce negative attitudes. This was one of two studies which suggested it is possible to change negative attitudes toward alcoholics and alcoholism.

In a frequently cited study, Cornish and Miller (1976) suggested that there were more alcoholics in hospitals for detoxification and treatment as well as more treatment centers located in or near hospitals. One of the first persons a newly admitted alcoholic encounters is a nurse. Therefore nurses' attitudes can have a tremendous impact on the patient's course of treatment. Cornish and Miller's study included 60 registered nurses working in a large midwestern Veterans' Administration hospital. They discovered primarily negative attitudes among the nurses. They also found that attempts at changing attitudes toward alcoholics met with poor to mixed success.

Harlow and Goby (1980) surveyed a group of 35 nursing

students participating in a program of alcoholism treatment at a hospital in Illinois. Another 20 nursing students who were not involved in the treatment program were the control group. Harlow and Goby discovered that being in the treatment program had a "significant impact" on improving knowledge and attitudes about alcoholics for these students. From this one could infer that an intensive experience can alter attitudes toward alcoholics.

Starkey (1980) suggested that nurses' attitudes toward alcoholics were influenced by society at large. She saw societal views of the alcoholic as moralistic, allowing people to label the alcoholic as weak or sinful. When nurses adopted these views of society, they became self-righteous and angry toward the alcoholic. The chronicity of the disease tends to reinforce these attitudes. The denial, broken promises, and physical and mental deterioration were ignored as part of the disease process. They provided further evidence to reject the alcoholic.

Starkey recommended that nurses try to recognize and

possibly change their own negative attitudes. As part of this process, nurses need to look at their own drinking patterns. She also suggested that those nurses who have known an alcoholic personally or have had an alcoholic in the family will be affected by that experience. Anger, either conscious or unconscious, may result from that relationship and transfer to encounters with other alcoholics.

Naegle (1983) approached the nurse's role with the alcoholic from an historical perspective. She found: "Information on alcoholism is absent or limited in scope in educational curricula and clinical experiences in baccalaureate and masters' degree programs. There is a paucity of research and writing on the role of the nurse with the alcoholic" (p. 18).

Naegle suggested that nurses with ambivalent attitudes may become firmly negative after seeing alcoholics suffer relapses. However, she did say, "Attitudes are changed by education In this regard nursing and other health professions have failed to incorporate the recently identified

knowledge of alcoholism into professional curricula" (Naegle, 1983, p. 20). She mentioned a 1975 text which provides the most detailed outline of the role of nurses in relation to alcoholics. The present writer did not find a more recent publication dealing primarily with nursing care of the alcoholic.

Naegle contended that there were no universally recognized standards of care within the profession relating to alcoholics and that this must be corrected. She also suggested that the practice of alcoholism nursing should be implemented by nurses with masters' or doctorate degrees.

Reisman and Shrader (1984) indicated that increases in alcoholism will continue to make demands on persons in the caring professions. This will increase pressure for early diagnosis and treatment.

Their study utilized 32 occupational health nurses in an automobile manufacturing plant in Michigan. They used a questionnaire to ascertain the nurses' attitudes toward alcoholism. This was correlated with information on

referrals of plant employees for alcohol problems. They found a significant difference in referral rates between nurses with positive and negative attitudes. The nurses with high referral rates had more experience with alcoholics in their own lives.

Reisman and Shrader found that actual experience of dealing with alcoholics resulted in higher referral rates. Although the authors did not say so in so many words, a reader might infer that these nurses had positive attitudes toward alcoholism. The authors concluded:

> . . . most . . . nurses are the health professionals most closely involved with the day-to-day care of the . . . patient. Positive attitudes and accepting behaviors from them can help the . . . person better accept his or her own problems and be willing to work on change. If the patient instead meets someone who is negative, and whom the patient senses is condemning them, help will not be sought. (p. 275)

Nurses will be more involved in caring for alcoholics and

in a variety of settings. They emphasized that all individuals associated with alcoholism treatment need to examine their professional attitudes and behaviors so they are able to give nonjudgmental and caring treatment.

Sullivan and Hale (1987, p. 456) stated: "If the nurses' beliefs about alcoholism toward the alcoholic patient are negative and moralistic, the care given that patient may be minimal and the patient's alcoholism may go unrecognized, untreated and may possibly be exacerbated." They recommended a need for a national study to update current findings pertaining to nurses' attitudes, for some of the often-cited studies were over 20 years old.

The authors examined registered nurses' attitudes about the alcohol abuser and determined characteristics of nurses with negative or positive attitudes. The sample was random and consisted of 1026 registered nurses who were members of the ANA. A predominant affirmation by the respondents that alcoholism has a psychological basis and/or a physical or genetic basis was demonstrated. These nurses maintained

that alcoholics should be treated as human beings and receive medical treatment. Few subjects took the position that alcoholism was a moral weakness.

Sullivan and Hale found that those nurses who view the etiology of the disorder as psychological advocate a humane treatment; those who believe in the physical genetic etiology favor a medical model treatment form. And those who believe alcoholism to be a moral weakness countenance social rejection.

The authors found few characteristics associated with positive or negative beliefs. Only education, gender and locale (urban or rural settings) were associated with differences in beliefs; these differences were relatively minor. Sullivan and Hale found no differences based on clinical specialty, type of institution for which the nurses worked, position held or region of the country in which the respondents lived.

The authors found that nurses' beliefs about alcohol abuse were more positive than in previous studies. These

findings seem to be unique. Few studies have been done since, and those reported tend to deal with a narrow and specific population.

Moodley-Kunnie (1988) suggested health professionals' attitudes are recognized as a crucial factor in the prevention of substance abuse and in diagnosis, treatment, and rehabilitation of substance dependent persons. Thirty-eight registered nurses and 31 nursing students were surveyed; these were psychiatric and non-psychiatric nursing personnel. The results revealed that professional orientation had little influence on nurses' belief, values, and attitudes toward substance use disorders and substance abusers.

The level of training had little effect. In fact, despite psychiatric training, the basic negative attitudes expressed toward substance abusers may increase in intensity. Moodley-Kunnie posed the idea that nurses have positive attitudes toward the substance abuse disorders, but they view the abusers negatively.

Tweed (1989) implied that nurses' attitudes toward

alcoholics were changing, based on Sullivan and Hale's study. She stated: " . . . this positive change in attitude may indicate an increased willingness to become involved in identifying the alcoholic client and in motivating the alcoholic and his or her family to seek treatment" (p. 15). She suggested that nurses in all areas of practice were in prime positions to identify alcoholic patients.

She indicated that approximately 30% of all patients in acute care settings were alcoholic. Health care workers often miss opportunities to diagnose alcoholics. Hundreds of charts were reviewed, and an absence of nursing documentation of drinking histories was found in 39% of the charts.

Tweed speculated that nurses fail to identify those people suffering from alcoholism because of misperceptions about alcoholism and alcoholics, uncertainty about what to do if identification was made, feelings of helplessness about helping the alcoholic, comparing the patient's drinking pattern to one's own, and negative attitudes toward alcoholics. The

common image of the alcoholic is the Skid Row derelict, but only 5% of this country's 10 million alcoholics actually fit this stereotype. Her information might be helpful to someone setting up a continuing education program for nurses about alcoholism or establishing an alcoholism component in a school of nursing.

Most of the literature pertaining to nurses' attitudes toward alcoholics and alcoholism from the 1960s forward demonstrated that the majority of nurses surveyed had negative attitudes. More information about the disease and caring for patients with it seemed to be what was desired by nurses. A number of the studies indicated that education did affect nurses attitudes.

Statement of the Problem

The purpose of the researcher was to investigate attitudes of nurses toward alcoholics.

Importance of the Research

It can be expected that nurses as well as society in general will have different attitudes toward alcoholics

because of their own experiences and education. There is no conclusive evidence as to what kind of education, length of time during which information is presented, or at what level of nursing education the information is most effective.

Advances in knowledge regarding nurses' attitudes toward alcoholics may change some educational practices in schools of nursing. Directors of nursing schools may find this study helpful in curriculum planning. In-service coordinators could find this information helpful in planning continuing education programs. Directors of alcoholism treatment units might use this information in orienting newly employed nurses. Interventions with alcoholics might have a positive effect on families of alcoholics.

Results of the present study provided information pertaining to the following questions:

1. Is there an association between nurses' attitudes toward alcoholics and the level of education of the nurse?

2. Is there an association between nurses' attitudes toward alcoholics and when formal nursing education was

received by the nurse?

3. Is there an association between nurses' attitudes toward alcoholics and whether the nurse received formal education about alcoholism?

4. Is there an association between nurses' attitudes toward alcoholics and the type of position held by the nurse?

5. Is there an association between nurses' attitudes toward alcoholics and alcoholism in the nurse's family?

Composite Null Hypotheses

All hypotheses were tested at the .05 level.

1. The differences among the mean alcoholism questionnaire scores of nurses according to the amount of nursing education, when the formal nursing education was received, and formal education about alcoholism will not be statistically significant.

2. The differences among the mean alcoholism questionnaire scores of nurses according to the amount of nursing education, when the formal nursing education was received, and type of nursing position held will not be

statistically significant.

3.The differences among the mean alcoholism questionnaire scores of nurses according to the amount of nursing education, formal nursing education about alcoholism, and type of nursing position will not be statistically significant.

4. The differences among the mean alcoholism questionnaire scores of nurses according to when the formal nursing education was received, formal education about alcoholism, and type of nursing position held will not be statistically significant.

5. The differences among the mean alcoholism questionnaire scores of nurses according to formal education about alcoholism, type of nursing position held, and alcoholism in the family will not be statistically significant.

Definition of Variables

Independent Variables

Information pertaining to all independent variables was obtained from the demographic instrument.

1. The level of nursing education achieved--level one, student; level two, LPN; level three, associate degree in nursing; level four, diploma program in nursing; level five, baccalaureate degree; and level six, master's degree.

2. When the formal nursing education was received--level one, before 1975; level two, 1975 through 1985; and level three, after 1985.

3. Type of nursing position--level one, position held in an alcoholism treatment unit; level two, all other hospital positions held; level three, nursing faculty; and level four, student.

4. Formal alcoholism education--level one, received formal alcoholism education and level two, received no formal alcoholism education.

5. Alcoholism in the family--level one, presence of alcoholism in the family and level two, absence of alcoholism in the family.

Dependent Variables

Dependent variables were scores from the six scales of

the Attitudes Toward Alcoholism Inventory by Tolor and Tamerin (1975). Each scale consisted of four statements and 4 to 16 possible points. The six scales were:

1. psychological etiology,
2. social rejection,
3. physical genetic,
4. humanitarian,
5. moral weakness, and
6. medical illness.

Limitations

The following may have affected the results of the present study:

1. The subjects were not randomly selected.
2. The results were totally self reported.
3. A small sample size was used. One hundred and sixty four nurses and students filled out the questionnaire.
4. Most of the subjects came from the same area geographically, northwest Kansas.
5. The general hospitals were all small and about the

same size.

Methodology

Setting

The study was conducted at five northwest Kansas hospitals, four alcoholism treatment centers headquartered in northwest Kansas, and college based schools of nursing. Northwest Kansas is sparsely populated and covers approximately 18 counties in the northwestern corner of the state.

Subjects

The subjects consisted of approximately 68 nurses employed in the hospitals, 49 nurses in the treatment facilities and 58 nursing students and 27 instructors in schools of nursing. The educational preparation ranged from one semester of nursing education to nurses with master's degrees.

Instruments

Two instruments were used. One was the Attitudes Toward Alcoholism Inventory, and the other was a

demographic questionnaire.

The Attitudes Toward Alcoholism Instrument is a 24 item questionnaire developed by Tolor and Tamerin (1975). It has a Lickert-type scale, and each item has four choices: 1--agree strongly, 2--agree mildly, 3--disagree mildly, and 4--disagree strongly. The instrument identifies views held about the alcoholic that refer to etiology, treatment approach, and the degree to which the alcoholic should be stigmatized or accepted. Six conceptual categories are measured:

1. psychological etiology refers to statements which indicate the cause of alcoholism is psychological,

2. social rejection relates to items which indicate the alcoholic should be avoided,

3. physical genetic pertains to statements which suggest alcoholism has a physical or genetic cause,

4. humanitarian contains assertions supporting a humanistic treatment of the alcoholic,

5. moral weakness refers to statements that view the alcoholic as having weak morals, and

6. medical illness suggests that alcoholism should be treated as an illness. Four questions measure each of the six conceptual dimensions. A copy of this instrument is in Appendix A.

Tolor and Tamerin (1975) reported the following reliability value: test-retest correlations of .53 to .77 with a median correlation of .71. Sullivan and Hale (1987) reported content validity for this instrument was established "by a panel of judges who designated which dimension each item addressed. Substantial agreement of .89 was reached" (p. 457).

The demographic questionnaire was a self reporting tool. Respondents were asked when nursing education was completed, where the respondent was working, amount of nursing education, whether there was previous formal education in the field of alcoholism, and whether a member of the respondent's family had an alcohol problem.

Design

A status survey design was used with predetermined

groupings employed. The following designs were employed:

composite null hypothesis number one, a 6x3x2 factorial analysis;

composite null hypothesis number two, a 6x3x4 factorial analysis;

composite null hypothesis number three, a 6x2x4 factorial analysis;

composite null hypothesis number four, a 3x2x4 factorial analysis; and

composite null hypothesis number five, a 2x4x2 factorial analysis.

McMillan and Schumacher (1989) identified 10 threats to internal validity which were dealt with in the following ways:

1. History. This did not apply because only one measurement was taken.

2. Selection. The internal validity may have been threatened due to subjects not being randomly selected. The subjects were also informed prior to the study that they

were not required to participate in the study. Therefore, the participating subjects may have had higher motivation than the non-participants.

3. Statistical Regression. This did not apply because the subjects were not extreme.

4. Testing. This did not apply because only one measurement was taken.

5. Instrumentation. This did not apply because only one measurement was taken.

6. Mortality. This did not apply because all completed questionnaires were utilized.

7. Maturation. This did not apply because the measurements were taken one time.

8. Diffusion of Treatment. This did not apply because no treatment was implemented.

9. Experimenter Bias. This did not apply because no treatment was implemented and data were collected by standard procedures.

10. Statistical Conclusion. Two mathematical assumptions

were violated. These were random sample and equal distribution of subjects in cells. Lack of equal distribution of subjects in cells was corrected by employing a general linear model. The present researcher did not make statistical deductions beyond the procedures employed. McMillan and Schumaker (1989) cited two threats to external validity. These threats were dealt with in the following ways:

1. Population External Validity. A random sample was not employed. The results of this study would probably pertain most directly to nurses employed in settings similar to those of the present study.

2. Ecological External Validity. No treatment was implemented. Data were collected by giving the same written instructions to each participant.

Data Collecting Procedures

Permission was granted by the directors of nursing in the five hospitals, four treatment facilities and the community colleges to administer the instruments to nurses in those settings. The copies of the questionnaire, directions, and

demographic instrument were mailed to the directors of nursing and then given to each nurse by the directors. Each questionnaire had an envelope attached with the researcher's name on the front. The nurses were asked to read the directions, complete the questionnaire and demographic instrument, put them in the envelope, and return them to their directors by their next work day. The directors then sent the completed questionnaires to the researcher.

Research Procedure

The following procedures were implemented:

1. Computer searches were made to facilitate a review of the literature pertaining to nurses' attitudes toward alcoholics and alcoholism,

2. an instrument was selected,

3. approval to use the instrument was obtained,

4. the demographic instrument was developed,

5. permission from the director of nurses from each of the sites to distribute the questionnaire was obtained,

6. a research proposal was written, presented and

defended,

7. the data were collected from the nurses in each of the sites,

8. the questionnaires were coded for computer analysis,

9. the data were analyzed,

10. the final report was written,

11. the final report was presented to the committee and defended, and

12. editing of the final research report was completed.

Data analysis

The following were compiled:

1. appropriate descriptive statistics,

2. three-way analysis of variance (a general linear model),

3. Bonferroni (Dunn) t test for means, and

4. Duncan's multiple range tests for means.

Results

The purpose of the researcher was to investigate attitudes of nurses toward alcoholics. The independent variables were:

when nursing education was completed, nursing position currently held, type of nursing preparation, formal education about alcoholism, and alcoholism in the family. Dependent variables were: psychological etiology, social rejection, physical genetic, humanitarian, moral weakness, and medical illness. One hundred and sixty four nurses and student nurses responded to the questionnaire. The information was collected using two instruments, the Tolor-Tamerin Attitude Toward Alcoholism Inventory and a self reporting demographic questionnaire. Five composite null hypotheses were tested employing the following designs: composite null hypothesis number one, a 6x3x2 factorial; composite null hypothesis number two, a 6x3x4 factorial; composite null hypothesis number three, a 6x2x4 factorial; composite null hypothesis number four, a 3x2x4 factorial; and composite null hypothesis number five, a 2x4x2 factorial. The result section was organized according to composite null hypotheses for ease of reference. Information pertaining to each composite null hypothesis was presented in a common

format.

It was hypothesized in composite null hypothesis number one that the differences among the mean alcoholism scores of nurses according to the amount of nursing education, when the formal nursing education was received and formal education about alcoholism would not be statistically significant. Information pertaining to composite null hypothesis number one was presented in Table 1. The following information was cited in Table 1: variables, sample sizes, means, standard deviations, F values, and p levels.

Table 1

A Comparison of Mean Alcoholism Questionnaire Scores of Nurses, According to the Amount of Nursing Education, When the Formal Nursing Education was Received, and Formal Education About Alcoholism, Employing a Three-Way Analysis of Variance

Variable	n	M*	S	F value	p level
		Psychological Etiology			
Amount of Nursing Education (A)					
Student	46	8.0	2.31		
LPN	24	7.9	1.82		
ADN	12	9.0	2.30		
				0.64	.6713
Diploma	26	7.7	2.17		
BSN	39	8.6	2.12		
Masters	14	7.6	2.38		
When Education Received (B)					
Before 1975	63	8.1	2.11		
1975-1985	39	8.1	2.18	0.06	.9393
After 1985	59	8.1	2.32		

(Continued)

Table 1 (continued)

Variable	n	M	S	F value	p level
Alcohol Education (C)					
Yes	43	8.0	2.08		
				0.05	.8271
No	118	8.1	2.23		
Interactions					
AxB				0.56	.8303
AxC				0.92	.4707
BxC				0.03	.9678
AxBxC				0.29	.9166
Social Rejection					
Amount of Nursing Education (A)					
Student	46	10.0	2.47		
LPN	22	10.2	2.42		
ADN	12	9.9	2.97		
				0.08	.9956
Diploma	26	9.9	2.85		
BSN	38	10.2	2.50		
Masters	14	9.9	1.61		
When Education Received (B)					
Before 1975	62	10.2	2.63		
1975-1985	37	10.1	2.20	0.10	.9059
After 1985	59	9.8	2.51		
Alcohol Education (C)					
Yes	43	10.5	2.14		
				0.84	.3625
No	115	9.9	2.58		

(Continued)

Table 1 (continued)

Variable	n	M	S	F value	p level
	Interactions				
	AxB			0.78	.6326
	AxC			0.37	.8661
	BxC			0.03	.9696
	AxBxC			0.76	.5822
		Physical Genetic			
Amount of Nursing Education (A)					
Student	45	7.8	2.26		
LPN	23	7.9	2.53		
ADN	12	8.4	2.57	0.94	.4560
Diploma	26	8.2	2.34		
BSN	39	8.1	2.00		
Masters	13	7.2	2.15		
When Education Received (B)					
Before 1975	60	8.0	2.33		
1975-1985	39	8.0	2.32	1.31	.2744
After 1985	59	7.8	2.17		
Alcohol Education (C)					
Yes	40	7.6	2.25		
				0.69	.4087
No	118	8.0	2.25		
	Interactions				
	AxB			1.18	.3141
	AxC			0.85	.5169
	BxC			1.01	.3682
	AxBxC			0.25	.9407

(Continued)

Table 1 (continued)

Variable	n	M	S	F value	p level
			Humanitarian		
Amount of Nursing Education (A)					
Student	46	8.7	1.95		
LPN	24	9.3	2.14		
ADN	12	8.2	1.99		
				1.30	.2696
Diploma	26	8.3	1.67		
BSN	37	9.4	1.86		
Masters	14	5.6	1.45		
When Education Received (B)					
Before 1975	61	8.7	1.75		
1975-1985	38	9.4	2.10	1.24	.2932
After 1985	60	8.7	1.87		
Alcohol Education (C)					
Yes	42	8.8	1.48		
				0.09	.7688
No	117	8.8	2.02		
	Interactions				
	AxB			1.14	.3393
	AxC			0.25	.9411
	BxC			0.55	.5810
	AxBxC			0.20	.9630

(Continued)

Table 1 (continued)

Variable	n	M	S	F value	p level
		Moral Weakness			
Amount of Nursing Education (A)					
Student	45	12.8	2.45		
LPN	22	13.9	1.78		
ADN	12	12.7	2.81		
				0.93	.4662
Diploma	26	12.7	2.41		
BSN	39	13.1	1.84		
Masters	14	13.6	1.95		
When Education Received (B)					
Before 1975	61	13.1	2.18		
1975-1985	38	13.1	2.13	0.82	.4440
After 1985	59	13.1	2.32		
Alcohol Education (C)					
Yes	43	13.2	1.82		
				1.52	.2196
No	115	13.0	2.33		
	Interactions				
	AxB			0.54	.8468
	AxC			1.73	.1314
	BxC			1.63	.2002
	AxBxC			0.37	.8675

(Continued)

Table 1 (continued)

Variable	n	M	S	F value	p level
		Medical Illness			
Amount of Nursing Education (A)					
Student	46	8.7	2.43		
LPN	22	8.5	2.09		
ADN	12	8.8	2.67		
				1.77	.1240
Diploma	26	8.8	2.30		
BSN	40	9.9	1.93		
Masters	14	9.7	1.77		
When Education Received (B)					
Before 1975	61	9.3	2.29		
1975-1985	39	9.3	2.11	0.23	.7939
After 1985	60	8.7	2.26		
Alcohol Education (C)					
Yes	42	9.0	2.15		
				0.33	.5666
No	118	9.1	2.28		
	Interactions				
	AxB			0.89	.5390
	AxC			1.56	.1760
	BxC			0.13	.8749
	AxBxC			1.45	.2117

* The smaller the number, the more positive the attitude for four of the scales (psychological etiology, physical genetic, humanitarian, and medical illness). For the other two scales (social rejection and moral weakness), the larger the score, the more positive the attitude. The possible scores and theoretical means for each scale were (possible scores 4-16 and theoretical mean 10.)

None of the 42 p values was statistically significant at the .05 level; therefore, the null hypotheses for these comparisons were retained. The results cited in Table 1 indicated no associations between independent and dependent variables.

It was hypothesized in composite null hypothesis number two that the differences among the mean alcoholism questionnaire scores of nurses according to the amount of nursing education, when formal nursing education was received, and type of nursing position held would not be statistically significant. Information pertaining to composite null hypothesis number two was presented in Table 2. The following information was cited in Table 2: variables, sample sizes, means, standard deviations, F values, and p levels.

Table 2

A Comparison of Mean Alcoholism Questionnaire Scores of Nurses, According to Amount of Education, When Education was Received, and Type of Nursing Position, Employing a Three-way Analysis of Variance

Variable	n	M	S	F value	p level
		Psychological Etiology			
Amount of Nursing Education (A)					
Student	46	8.0	2.31		
LPN	24	7.9	1.82		
ADN	12	9.0	2.30		
				0.70	.6213
Diploma	26	7.7	2.17		
BSN	39	8.6	2.12		
Masters	14	7.6	2.37		
When Education Received (B)					
Before 1975	63	8.1	2.11		
1975-1985	39	8.1	2.18	0.65	.5258
After 1985	59	8.1	2.32		
Position Held (D)					
Faculty	23	8.0	2.14		
Hospital	65	8.2	2.15		
				0.08	.9692
Treatment Facility	26	8.2	2.24		
Student	47	8.0	2.28		

(Continued)

Table 2 (continued)

Variable	n	M	S	F value	p level
	Interactions				
	AxB			1.15	.3354
	AxD			1.39	.2331
	BxD			1.32	.2641
	AxBxD			1.43	.2332
			Social Rejection		
Amount of Nursing Education (A)					
Student	46	10.0	2.47		
LPN	22	10.1	2.42		
ADN	12	9.9	2.97		
				1.20	.3113
Diploma	26	9.9	2.85		
BSN	38	10.2	2.50		
Masters	14	9.9	1.61		
When Education Received (B)					
Before 1975	62	10.2	2.63		
1975-1985	37	9.8	2.20	0.13	.8741
After 1985	59	10.1	2.51		
Position Held (D)					
Faculty	22	9.7[g]	1.60		
Hospital	63	9.8[g]	2.65		
				3.24	.0243
Treatment Facility	26	11.1[h]	2.34		
Student	47	9.9[g]	2.55		

(Continued)

Table 2 (continued)

Variable	n	M	S	F value	p level
	Interactions				
	AxB			1.14	.3393
	AxD			0.44	.8223
	BxD			0.49	.7465
	AxBxD			**	**
	Physical Genetic				
Amount of Nursing Education (A)					
Student	45	7.8	2.26		
LPN	23	7.9	2.53		
ADN	12	8.4	2.57		
				1.08	.3735
Diploma	26	8.2	2.34		
BSN	39	8.1	2.00		
Masters	13	7.2	2.15		
When Education Received (B)					
Before 1975	60	8.0	2.33		
1975-1985	39	8.0	2.32	0.08	.9207
After 1985	59	7.8	2.17		
Position Held (D)					
Faculty	22	8.4	2.20		
Hospital	65	8.1	2.18		
				0.68	.5669
Treatment Facility	25	7.4	2.49		
Student	46	7.7	2.25		

(Continued)

Table 2 (continued)

Variable	n	M	S	F value	p level
	Interactions				
	AxB			1.09	.3734
	AxD			0.17	.9720
	BxD			0.75	.5580
	AxBxD			0.04	.8429
			Humanitarian		
Amount of Nursing Education (A)					
Student	46	8.7	1.95		
LPN	24	9.3	2.14		
ADN	12	8.2	1.99		
				1.71	.1372
Diploma	26	8.3	1.67		
BSN	37	9.4	1.86		
Masters	14	8.6	1.45		
When Education Received (B)					
Before 1975	61	8.7	1.75		
1975-1985	38	9.4	2.10	1.49	.2300
After 1985	60	8.7	1.87		
Position Held (D)					
Faculty	22	9.1	1.52		
Hospital	64	8.7	1.92		
				0.17	.9185
Treatment Facility	26	9.2	2.04		
Student	47	8.7	1.94		

(Continued)

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Table 2 (continued)

Variable	n	M	S	F value	p level
	Interactions				
	AxB			1.15	.3375
	AxD			0.25	.9415
	BxD			1.50	.2048
	AxBxD			2.44	.1206
	Moral Weakness				
Amount of Nursing Education (A)					
Student	45	12.8	2.45		
LPN	22	13.9	1.78		
ADN	12	12.7	2.81		
				0.24	.9437
Diploma	26	12.7	2.41		
BSN	39	13.1	1.84		
Masters	14	13.6	1.95		
When Education Received (B)					
Before 1975	61	13.1	2.18		
1975-1985	38	13.1	2.13	0.58	.5641
After 1985	59	13.1	2.32		
Position Held (D)					
Faculty	23	13.2	1.70		
Hospital	64	13.2	2.32		
				0.17	.9192
Treatment Facility	25	13.1	1.95		
Student	46	12.8	2.42		

(Continued)

Variable	n	M	S	F value	p level

Table 2 (continued)

Interactions					
AxB				0.73	.6631
AxD				0.43	.8258
BxD				0.57	.6838
AxBxD				3074	.0553

Medical Illness

Amount of Nursing Education (A)					
Student	46	8.7	2.43		
LPN	22	8.5	2.09		
ADN	12	8.8	2.67		
				1.31	.2648
Diploma	26	8.8	2.30		
BSN	40	9.9	1.93		
Masters	14	9.7	1.77		
When Education Received (B)					
Before 1975	61	9.3	2.29		
1975-1985	39	9.3	2.11	0.36	.6981
After 1985	60	8.7	2.26		
Position Held (D)					
Faculty	23	9.9	1.83		
Hospital	65	9.0	2.27		
				1.57	.2009
Treatment Facility	25	9.2	2.04		
Student	47	8.7	2.41		

(Continued)

Table 2 (continued)

Variable	n	M	S	F value	p level
	Interactions				
	AxB			0.77	.6300
	AxD			0.62	.6845
	BxD			1.03	.3936
	AxBxD			0.28	.5983

* The smaller the number, the more positive the attitude for four of the scales (psychological etiology, physical genetic, humanitarian, and medical illness). For the other two scales (social rejection and moral weakness), the larger the score, the more positive the attitude. The possible scores and theoretical means for each scale were (possible scores 4-16 and theoretical mean 10.)

** Sample too small for this statistic.

gh Differences statistically significant at the .05 level.

One of the 42 p values was statistically significant at the .05 level; therefore, the hypothesis for this comparison was rejected. The significant comparison was for the independent variable position held and the dependent variable social rejection. The results cited in Table 2 indicated respondents working in alcoholism treatment facilities reported a statistically higher mean score, indicating they had a more accepting attitude toward alcoholics.

It was hypothesized in composite null hypothesis number three that the differences among the mean alcoholism questionnaire scores of nurses according to the amount of nursing education, formal education about alcoholism, and type of nursing position would not be statistically significant. Information pertaining to composite null hypothesis number three was presented in Table 3. The following information was cited in Table 3: variables, sample sizes, standard deviations, F values, and p levels.

Table 3

A Comparison of Mean Alcoholism Questionnaire Scores of Nurses, According to the Amount of Nursing Education, Formal Education about Alcoholism, and Type of Nursing Position, Employing a Three-way Analysis of Variance

Variable	n	M	S	F value	p level
		Physiological Etiology			
Amount of Nursing Education (A)					
Student	46	8.0	2.31		
LPN	24	7.9	1.82		
ADN	12	9.0	2.30		
				0.94	.4579
Diploma	26	7.7	2.17		
BSN	40	8.6	2.12		
Masters	14	7.6	2.38		
Alcohol Education (C)					
Yes	44	8.1	2.08		
				0.02	.8973
No	118	8.1	2.23		

(Continued)

Table 3 (continued)

Variable	n	M	S	F value	p level
Position Held (D)					
Faculty	23	8.0	2.14		
Hospital	65	8.2	2.15		
				0.24	.8677
Treatment Facility	27	8.2	2.24		
Student	47	8.0		2.28	
Interactions					
AxC				0.53	.7105
AxD				0.51	.7684
CxD				0.21	.8108
AxCxD				1.23	.2955
Social Rejection					
Amount of Nursing Education (A)					
Student	46	10.0	2.47		
LPN	22	10.2	2.42		
ADN	12	9.9	2.97		
				1.04	.3940
Diploma	26	9.9	2.85		
BSN	39	10.2	2.51		
Masters	14	9.9	1.61		
Alcohol Education (C)					
Yes	44	10.4	2.14		
				0.45	.5030
No	115	9.9	2.58		

(Continued)

Table 3 (continued)

Variable	n	M	S	F value	p level
Position Held (D)					
Faculty	22	9.8	1.60		
Hospital	63	9.8	2.65		
				2.43	.0676
Treatment Facility	27	11.0	2.34		
Student	47	9.9	2.54		
Interactions					
AxC				0.52	.7234
AxD				0.43	.8266
CxD				0.44	.6460
AxCxD				0.11	.8919
Physical Genetic					
Amount of Nursing Education (A)					
Student	45	7.6	2.26		
LPN	23	7.9	2.53		
ADN	12	8.4	2.57		
				0.86	.5075
Diploma	26	8.1	2.34		
BSN	40	8.1	2.00		
Masters	13	7.1	2.15		
Alcohol Education (C)					
Yes	41	7.7	2.25		
				0.79	.3745
No	118	8.0	2.25		

(Continued)

Table 3 (continued)

Variable	n	M	S	F value	p level
Position Held (D)					
Faculty	22	8.4	2.20		
Hospital	65	8.1	2.18		
				2.10	.1027
Treatment Facility	26	7.5	2.49		
Student	46	7.7	2.25		
Interactions					
AxC				1.86	.1204
AxD				0.47	.8000
CxD				0.86	.4268
AxCxD				0.30	.7431
Humanitarian					
Amount of Nursing Education (A)					
Student	46	8.7[h]	1.95		
LPN	24	9.3[g]	2.14		
ADN	12	8.2[h]	1.99		
				2.32	.0462
Diploma	26	8.3[h]	1.67		
BSN	38	9.3[g]	1.86		
Masters	14	8.6[h]	1.45		
Alcohol Education (C)					
Yes	43	8.8	1.48		
				0.03	.8603
No	117	8.8	2.02		

(Continued)

Table 3 (continued)

Variable	n	M	S	F value	p level
Position Held (D)					
Faculty	22	9.1	1.52		
Hospital	64	8.7	1.92		
				0.51	.6772
Treatment Facility	27	9.1	2.04		
Student	47	8.7	1.94		
Interactions					
AxC				0.30	.8754
AxD				1.14	.3402
CxD				0.07	.9349
AxCxD				2.92	.0575
Moral Weakness					
Amount of Nursing Education (A)					
Student	45	12.8	2.45		
LPN	22	13.9	1.78		
ADN	12	12.7	2.81		
				0.33	.8964
Diploma	26	12.7	2.41		
BSN	40	13.1	1.84		
Masters	14	13.6	1.95		
Alcohol Education (C)					
Yes	44	13.2	1.82		
				0.10	.7524
No	115	13.0	2.33		

(Continued)

Variable	n	M	S	F value	p level

Table 3 (continued)

Position Held (D)					
Faculty	23	13.2	1.70		
Hospital	64	13.2	2.32		
				0.08	.9706
Treatment Facility	26	13.0	1.95		
Student	46	12.8	2.42		
Interactions					
AxC				1.08	.3702
AxD				0.03	.9997
CxD				0.35	.7032
AxCxD				0.13	.8820
Medical Illness					
Amount of Nursing Education (A)					
Student	46	8.7	2.43		
LPN	22	8.5	2.09		
ADN	12	8.8	2.67		
				0.26	.9350
Diploma	26	8.8	2.30		
BSN	41	9.9	1.93		
Masters	14	9.7	1.77		
Alcohol Education (C)					
Yes	43	9.1	2.15		
				0.17	.6852
No	118	9.1	2.28		

(Continued)

(Table 3 continued)

Variable	n	M	S	F value	p level
Position Held (D)					
Faculty	23	9.91	1.83		
Hospital	65	9.00	2.27		
				0.23	.8786
Treatment Facility	26	9.19	2.04		
Student	47	8.70	2.41		
Interactions					
AxC				1.54	.1928
AxD				0.41	.8435
CxD				0.47	.6242
AxCxD				0.64	.5312

* The smaller the number, the more positive the attitude for four of the scales (psychological etiology, physical genetic, humanitarian, and medical illness). For the other two scales (social rejection and moral weakness), the larger the score, the more positive the attitude. The possible scores and theoretical means for each scale were (possible scores 4-16 and theoretical mean 10).

gh Differences statistically significant at the .05 level.

One of the 42 p values was statistically significant at the .05 level; therefore, the null hypothesis for this comparison was rejected. The statistically significant comparison was for the independent variable amount of nursing education, and the dependent variable humanitarian. The results cited in Table 3 indicated participants who were Licensed Practical Nurses and baccalaureate degree Registered Nurses rated humanitarian higher than those with other amounts of nursing education, denoting a more humane attitude.

It was hypothesized in composite null hypothesis number four that the differences among the mean alcoholism questionnaire scores of nurses, according to when the formal nursing education was received, formal education about alcoholism, and type of nursing position held would not be statistically significant. Information pertaining to composite null hypothesis number four was presented in Table 4. The following information was cited in Table 4: variables, sample sizes, standard deviations, F values, and p levels.

Table 4

A Comparison of Mean Alcoholism Questionnaire Scores of Nurses, According to When the Formal Nursing Education was Received, Formal Education about Alcoholism, and Type of Nursing Position, Employing a Three-way Analysis of Variance

Variable	n	M*	S	F value	p level
		Psychological Etiology			
When Education Received (B)					
Before 1975	64	8.1	2.11		
1975-1985	39	8.1	2.18	0.16	.8508
After 1985	59	8.1	2.32		
Alcoholism Education (C)					
Yes	43	8.0	2.08		
				0.16	.8508
No	119	8.1	2.23		
Position Held (D)					
Faculty	23	8.0	2.14		
Hospital	66	8.2	2.15		
				0.35	.7927
Treatment Facility	26	8.1	2.24		
Student	47	8.0	2.28		

(Continued)

Table 4 (continued)

Variable	n	M	S	F value	p level
	Interactions				
	BxC			0.38	.6824
	BxD			0.47	.7995
	CxD			1.26	.2895
	BxCxD			1.14	.3383
			Social Rejection		
When Education Received (B)					
Before 1975	63	10.2	2.63		
1975-1985	37	9.8	2.20	0.04	.9630
After 1985	59	10.1	2.51		
Alcoholism Education (C)					
Yes	43	10.5	2.14		
				0.04	.8497
No	116	9.9	2.58		
Position Held (D)					
Faculty	22	9.8	1.60		
Hospital	64	9.81	2.65		
				0.26	.8526
Treatment Facility	26	11.1	2.34		
Student	47	9.9	2.55		
	Interactions				
	BxC			0.33	.7219
	BxD			0.79	.5607
	CxD			0.26	.8569
	BxCxD			0.49	.7398

(Continued)

Table 4 (continued)

Variable	n	M	S	F value	p level
			Physical Genetic		
When Education Received (B)					
Before 1975	60	8.0	2.32		
1975-1985	39	8.0	2.32	0.45	.6405
After 1985	59	7.8	2.17		
Alcoholism Education (C)					
Yes	40	7.6	2.25		
				0.30	.5837
No	118	8.0	2.25		
Position Held (D)					
Faculty	22	8.4	2.20		
Hospital	65	8.1	2.18		
				0.13	.9406
Treatment Facility	25	7.4	2.49		
Student	46	7.7	2.25		
		Interactions			
		BxC		1.07	.3447
		BxD		1.29	.2412
		CxD		0.90	.4407
		BxCxD		0.55	.7011

(Continued)

Table 4 (continued)

Variable	n	M	S	F value	p level
			Humanitarian		
When Education Received (B)					
Before 1975	62	8.7[h]	1.75		
1975-1985	38	9.4[g]	2.10	5.09	.0074
After 1985	60	8.9[h]	1.87		
Alcoholism Education (C)					
Yes	42	8.8	1.48		
				0.73	.3952
No	118	8.8	2.02		
Position Held (D)					
Faculty	22	9.1	1.52		
Hospital	65	8.7	1.92		
				1.69	.1715
Treatment Facility	26	9.2	2.04		
Student	47	8.7	1.94		
		Interactions			
	BxC			0.08	.9216
	BxD			0.56	.7298
	CxD			0.18	.9126
	BxCxD			1.63	.1693

(Continued)

Table 4 (continued)

Variable	n	M	S	F value	p level
			Moral Weakness		
When Education Received (B)					
Before 1975	59	13.1	2.18		
1975-1985	38	13.1	2.13	0.88	.4190
After 1985	62	13.1	2.32		
Alcoholism Education (C)					
Yes	43	13.2	1.82		
				0.00	.9563
No	116	13.0	2.33		
Position Held (D)					
Faculty	23	13.2	1.70		
Hospital	65	13.2	2.31		
				1.57	.2006
Treatment Facility	25	13.1	1.95		
Student	46	12.8	2.42		
		Interactions			
		BxC		2.05	.1324
		BxD		0.54	.7438
		CxD		1.39	.2483
		BxCxD		1.09	.3633

(Continued)

Table 4 (continued)

Variable	n	M	S	F value	p level
			Medical Illness		
When Education Received (B)					
Before 1975	62	9.3	2.89		
1975-1985	39	9.3	2.11	0.36	.6955
After 1985	60	8.7	2.26		
Alcoholism Education (C)					
Yes	42	9.0	2.15		
				0.18	.6685
No	119	9.1	2.28		
Position Held (D)					
Faculty	23	9.9[d]	1.83		
Hospital	66	9.0	2.27		
				3.49	.0174
Treatment Facility	25	9.2	2.04		
Student	47	8.7[c]	2.41		

(continued)

Table 4 continued

Variable	n	M	S	F value	p level
	Interactions				
	BxC			0.02	.9838
	BxD			1.30	.2694
	CxD			1.29	.2818
	BxCxD			0.74	.568

* The smaller the number, the more postive the attitude for four of the scales (psychological etiology, physical genetic, humanitarian, and medical illness). For the other two scales (social rejection and moral weakness), the larger the scale, the more positive the attitude. The possible scores and theoretical means for each scale were (possible scores 4-16 and theoretical mean 10)

gh Means with different alphabetical symbols statistically significant at the .05 level.

de Means with different alphabetical symbols statistically at the .05 level, according to Duncan's multiple range test for means.

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Two of the 42 p values were statistically significant at the .05 level; therefore the null hypotheses for these comparisons were rejected. The following main effects were statistically significant: when nursing education was received for the dependent variable humanitarian and position held for the dependent variable medical illness. The results cited in Table 4 indicated the following:

1. those who received their nursing education during the interval 1975-1985 rated humanitarian higher than those who received their nursing education before and after this time, and

2. faculty rated medical illness higher than students, denoting a stronger belief that alcoholism is a medical illness.

It was hypothesized in composite null hypothesis number five that the differences among the mean alcoholism questionnaire scores of nurses, according to formal education about alcoholism, type of nursing position held, and alcoholism in the nurse's family would not be statistically significant. Information pertaining to composite null

hypothesis number five was presented in Table 5. The following information was cited in Table 5: variables, sample sizes, standard deviations, F values, and p levels.

Table 5

A Comparison of Mean Alcoholism Questionnaire Scores of Nurses, According to Formal Education about Alcoholism, Type of Nursing Position, and Alcoholism in the Nurse's Family, Employing a Three-way Analysis of Variance

Variable	n	M*	S	F value	p level
			Psychological Etiology		
Alcohol Education (C)					
Yes	44	8.7	2.08	0.00	.9490
No	118	8.2	2.23		
Position Held (D)					
Faculty	23	8.0	2.14	0.43	.7346
Hospital	66	8.2	2.15		
Treatment Facility	26	8.3	2.24		
Student	47	8.0	2.28		
Alcoholism in Family (E)					
Yes	110	8.1	2.28	0.52	.4723
No	52	8.3	1.95		

(Continued)

Table 5 (continued)

Variable	n	M	S	F value	p level
	Interactions				
	CxD			0.52	.6660
	CxE			0.09	.7630
	DxE			1.91	.1304
	CxDxE			0.03	.9752
			Social Rejection		
Alcohol Education (C)					
Yes	44	10.5	2.14		
				0.46	.4983
No	115	9.8	2.58		
Position Held (D)					
Faculty	22	9.8	1.60		
Hospital	64	9.8	2.65		
				0.87	.4582
Treatment Facility	26	10.8	2.34		
Student	47	9.9	2.55		
Alcoholism in Family (E)					
Yes	109	10.1	2.53		
				0.14	.7047
No	50	9.9	2.20		
	Interactions				
	CxD			0.66	.5758
	CxE			0.00	.9960
	DxE			0.18	.9073
	CxDxE			0.33	.7192

(Continued)

Table 5 (continued)

Variable	n	M	S	F value	p level
			Physical Genetic		
Alcohol Education (C)					
Yes	41	7.7	2.25		
				0.20	.6530
No	117	8.0	2.25		
Position Held (D)					
Faculty	22	8.4	2.20		
Hospital	65	8.1	2.18		
				0.65	.5849
Treatment Facility	25	7.4	2.49		
Student	46	7.7	2.25		
Alcoholism in Family (E)					
Yes	106	7.7[g]	2.19		
				3.88	.0508
No	52	8.4[h]	2.34		
	Interactions				
	CxD			0.76	.5189
	CxE			1.57	.2129
	DxE			1.24	.2965
	CxDxE			1.02	.3638

(Continued)

Table 5 (continued)

Variable	n	M	S	F value	p level
			Humanitarian		
Alcohol Education (C)					
Yes	43	8.8	1.48		
				0.00	.9819
No	117	8.8	2.02		
Position Held (D)					
Faculty	22	9.1	1.52		
Hospital	65	8.7	1.92		
				0.80	.4949
Treatment Facility	26	9.1	2.04		
Student	47	8.7	1.94		
Alcoholism in Family (E)					
Yes	110	8.7	1.99		
				0.11	.7432
No	50	9.0	1.67		
	Interactions				
	CxD			1.00	.3938
	CxE			0.15	.7019
	DxE			0.55	.6464
	CxDxE			0.00	.9646

(Continued)

Table 5 (continued)

Variable	n	M	S	F value	p level
			Moral Weakness		
Alcohol Education (C)					
Yes	44	13.2	1.82		
				0.16	.6935
No	115	13.0	2.33		
Position Held (D)					
Faculty	23	13.2	1.70		
Hospital	65	13.2	2.32		
				1.41	.2434
Treatment Facility	25	12.9	1.95		
Student	46	12.8	2.42		
Alcoholism in Family (E)					
Yes	107	13.1	2.14		
				0.00	.9586
No	52	12.9	2.32		
		Interactions			
		CxD		1.24	.2980
		CxE		0.03	.8532
		DxE		0.31	.8169
		CxDxE		1.15	.3203

(Continued)

Table 5 (continued)

Variable	n	M	S	F value	p level
			Medical Illness		
Alcohol Education (C)					
Yes	43	9.0	2.15		
				0.02	.8939
No	118	9.1	2.28		
Position Held (D)					
Faculty	23	9.9	1.83		
Hospital	66	9.0	2.27		
				0.84	.4739
Treatment Facility	25	9.24	2.04		
Student	47	8.70	2.41		
Alcoholism in Family (E)					
Yes	110	9.19	2.32		
				0.00	.9622
No	51	8.84	2.05		
	Interactions				
	CxD			0.56	.6399
	CxE			0.80	.3714
	DxE			0.70	.5508
	CxDxE			1.70	.1858

* The smaller the number, the more positive the attitude for four of the scales (psychological etiology, physical genetic, humanitarian, and medical illness). For the other two scales (social rejection and moral weakness), the larger the score, the more positive the attitude. The possible scores and theoretical means for each scale were (possible 4-16 and theoretical mean 10).

g, h Means with different alphabetical symbols statistically significant at the .05 level.

One of the 42 p values was statistically significant at the .05 level; therefore, the null hypothesis for this comparison was rejected. The statistically significant comparison was for the independent variable of alcoholism in the family and the dependent variable physical genetic. The results cited in Table 5 indicated those who reported no alcoholism in their family rated physical genetic higher, denoting this group had a more positive attitude.

Discussion

The purpose of the researcher was to investigate attitudes of nurses toward alcoholics. The independent variables were: the level of nursing education achieved, when the formal nursing education was received, nursing position currently held, formal education about alcoholism, and alcoholism in the family. Dependent variables were: psychological etiology, social rejection, physical genetic, humanitarian, moral weakness, and medical illness. One hundred and sixty four subjects responded to the

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questionnaire. The information was collected using two instruments, the Tolor-Tamerin Attitude Toward Alcoholism Inventory and a self reporting demographic questionnaire. Five composite nulls were tested, using a three-way analysis of variance.

A total of 107 plus 102 recurring comparisons were made. Of the 107 comparisons, 30 were main effects. Of the 30 main effects, 5 were statistically significant at the .05 level. The following main effects were statistically significant:

1. position held and the dependent variable social rejection,

2. amount of nursing education and the dependent variable humanitarian,

3. when the formal nursing education was received and the dependent variable humanitarian,

4. postion held and the dependent variable medical illness, and

5. alcoholism in the nurse's family and the dependent

variable physical genetic. The results of the statistically significant main effects indicated the following:

1. participants working in alcoholism treatment facilities had a more accepting attitude toward alcoholics,

2. participants who were Licensed Practical Nurses and Registered Nurses with baccalaureate degrees had a more humane attitude toward alcoholism,

3. participants who received their nursing education during the interval 1975-1985 had a more humanitarian attitude toward alcoholics,

4. college faculty reported a stronger attitude toward alcoholism as a medical illness, and

5. nurses who had no alcoholism in their own families had a stronger belief in the physical genetic predispostion toward alcoholism.

Of the 107 comparisons, 77 were interactions. None of the 77 interactions was statistically significant at the .05 level.

Ferneau and Morton (1968) and Wallston, Wallston and

DeVellis (1976) found the attitudes of nurses toward alcoholics to be negative. The results of the present study did not support these findings. The present study suggested nurses might have neutral attitudes about alcoholics, which is a change from the findings of previous studies.

The present study supported the findings of Burkhalter (1975), who found that substantial numbers of nurses received no formal education about alcoholism, Gurel (1976), who indicated that no specific courses dealing with alcoholism were offered in schools of nursing, and Naegle (1983), who found that information on alcoholism was absent or limited in baccalaureate and masters' programs. In the present study, only 34 of the 161 nurses who completed the survey indicated they had had any formal education about alcoholism. This does not support the findings of Carter (1983) and Hoffman and Heineman (1987) who found the majority of schools of nursing included instruction on alcoholism in their curricula.

It was the opinion of the researcher that one of the

reasons so many nurses claimed to have had no formal education on alcoholism might be a matter of perception. The researcher knew the students completing the survey had received some instruction about alcoholism, and most of the students indicated receiving no formal training about alcoholism.

The results of the present study appeared to support the following generalizations:

1. for the dependent variable social rejection, participants working in alcoholism treatment facilities had a more accepting attitude toward alcoholics,

2. for the dependent variable humanitarian, nurses who were Licensed Practical Nurses and Registered Nurses with baccalaureate degrees had a more humane attitude toward alcoholics,

3. for the dependent variable humanitarian, those nurses who received their nursing education during the interval 1975-1985 had a more humane attitude toward alcoholics,

4. for the dependent variable medical illness, college faculty were more likely to view alcoholism as a medical illness, and

5. for the dependent variable physical genetic, nurses who reported no alcoholism in their own families had a stronger belief in the genetic predisposition toward alcoholism.

There were associations between the type of position held and attitude toward alcoholics, level of education and attitude toward alcoholics, when the nursing education was received and attitude toward alcoholics, and alcoholism in the family and attitude toward alcoholics.

The results of the present study may be of interest to nursing educators in planning curricula, in-service coordinators in planning continuing education programs, and to persons employing nurses who will work with alcoholics. It may be necessary to label alcohol education as such so that nurses understand clearly this is what is being presented. It may be that nurses hold neutral or ambivalent

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attitudes toward alcoholics; this would suggest implications for intervention and the results that interventions might have on families of alcoholics. It might be that most nurses are performing at the level of expertise they have at this time.

The results of the present study appeared to support the following recommendations:

1. the study should be replicated with a larger, random sample,

2. the study should be replicated, utilizing subjects from other geographic areas, and

3. the study should be replicated, using larger and urban hospitals.

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Appendix A

Tolor-Tamerin

Attitude Toward Alcoholism Inventory

Attitudes Toward Alcoholics Inventory

This inventory consists of a number of statements describing possible attitudes toward alcoholics. Would you please circle one of the four possible answers for each statement:

1 = Agree Strongly

2 = Agree mildly

3 = Disagree Mildly

4 = Disagree Strongly

There are no right or wrong answers. What is desired are simply your own personal reactions.

Attitudes Toward Alcoholics Inventory

1 2 3 4 1. The alcolohic can be helped if he gains insight into the role that his drinking plays in his efforts to adjust to personal problems.

1 2 3 4 2. In general, alcoholics cause others great embarrassment in most situations.

1 2 3 4 3. Although others may feel differently, I personally would rather have as little as possible to do with an alcoholic.

1 2 3 4 4. Alcoholics have inherited a tendency to develop their drinking problem.

1 2 3 4 5. Alcoholics are not essentially different from other human beings who have difficulty in adjusting to problems in living.

1 2 3 4 6. Most anyone could turn to alcoholic abuse in the face of frustrating life experiences and certain opportunities to relieve tensions through alcohol.

1 2 3 4 7. Alcoholics should not be sent against their wishes to any institution for drinking too much, even if it is a hospital.

1 2 3 4 8. Even if no clear-cut evidence has yet been discovered by scientists to establish a biochemical cause for alcoholism, I am convinced that it will be found in the future.

1 2 3 4 9. Alcoholics are usually unreliable friends.

1 2 3 4 10. Most alcoholics just want to live it up and are irresponsible.

1 2 3 4 11. If alcoholics weren't so weak-willed, they could control their drinking.

1 2 3 4 12. A good moral or religious upbringing is the thing that's lacking in the alcoholic.

1 2 3 4 13. Alcoholics should be thought of and treated as sick people.

1 2 3 4 14. All things being equal, the alcoholic has never learned to assume the responsibility of adulthood.

1 2 3 4 15. Alcoholism is essentially the learning of a maladaptive habit.

1 2 3 4 16. The alcoholic cannot be held responsible for being sick any more than a patient with a heart condition can be held responsible for his illness.

1 2 3 4 17. Some people have a physical makeup that doesn't permit them to tolerate even a couple of drinks without becoming drunk.

1 2 3 4 18. The best treatment for an alcoholic is early medical attention.

1 2 3 4 19. Great care should be taken to treat the alcoholic not as an evil person but as someone who requires social understanding and assistance.

1 2 3 4 20. The problem of alcoholism could be eradicated if only we could detect early in life the special abnormality found in the body of the person who will become alcoholic.

1 2 3 4 21. Most alcoholics really have similar sensitivities and needs as most people.

1 2 3 4 22. It is unfair to think of an alcoholic as having emotional problems because he is really suffering from an illness.

1 2 3 4 23. Alcoholics will usually try to get other people to fall in with their bad drinking habits.

1 2 3 4 24. Alcoholics should not be charged with a crime for being drunk unless they commit an additional offense that would apply to other people as well.

Appendix B

Demographic Questionnaire

BACKGROUND INFORMATION

Year nursing education was completed:

Prior to 1975_____

Between 1975 and 1985_____

Since 1985_____

Hospital where you are currently working_____

Are you currently working in a chemical dependency unit____

Type of nursing preparation:

Student_____

Licensed Practical Nurse_____

Associate Degree in Nursing_____

Diploma School of Nursing_____

Baccalaureate Degree_____

Master's Degree_____

Have you had any formal education in the field of alcoholism?

Yes_____ No_____

Is there at least one member of your family who you feel drinks too much?

Yes_____ No_____

If so, please specify relationship: Parent_____ Sibling_____

Grandparent_____ Child_____

Spouse or ex-spouse_____

Other_____ (Please specify)

Appendix C

Letter from Dr. AlexanderTolor

Granting Permission to use

the Alcoholism Questionnaire

ALEXANDER TOLOR, PH.D.
DIPLOMATE IN CLINICAL PSYCHOLOGY
57 NORTH STREET - SUITE 309
DANBURY, CONNECTICUT 06810
TELEPHONE (203) 748-1770

12/12/80

Dear Ms Speer,

Enclosed is the Tolor - Tomeris measure which you requested.

You certainly have my permission for its research use.

Good luck!

Sincerely,

Alexander Tolor. PhD

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